

RECEIVED  
CENTRAL FAX CENTER

MAR 09 2009



**FARJAMI & FARJAMI LLP**  
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

26522 La Alameda Avenue, Suite 360  
Mission Viejo, California 92691  
tel: (949) 282-1000  
fax: (949) 282-1002

**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** March 9, 2009

**To:** United States Patent and Trademark Office  
Examiner: Nguyen, Joseph H.; Art Unit: 2815

**Fax:** (571) 273-8300

**Re:** **Application Serial No.: 10/643,461**  
Filing Date: 8/18/2003; First-Named Inventor: Xiang  
Attorney Docket No.: 0180144

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 17

**Message:**

Enclosed please find the Amendment and Response to Non-Final Office Action dated December 9, 2008.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

RECEIVED  
CENTRAL FAX CENTER

MAR 09 2009

Attorney Docket No.: 0180144

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.SERIAL NO.: 10/643,461 FILED: 08/18/2003FOR: Field Effect Transistor Having Increased Carrier MobilityHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180144

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 3/9/09  
PAGE 3/3 \* RCVD AT 3/9/2009 12:11:07 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-4/13 \* DNS:2738300 \* CSID:949 282 1002 \* DURATION (mm-ss):06-08

**BEST AVAILABLE COPY**